

ARMA Chicago Spring Seminar

March 8, 2011

8:00 AM – 4:00 PM

University of Illinois at Chicago, Student Center East
3rd Floor Conference Center - 750 South Halsted - Chicago, IL 60607

REGISTRATION FORM

(ONLINE Registration Available - <http://www.armachicago.org/htdocs/eventscalendar/events.php>)

PRIMARY REGISTRANT

Name: *(as it will appear on badge)* _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

- | | Half Day
(Lunch NOT included) | Full Day |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> ARMA and NAID Member Rate: | <input type="checkbox"/> \$50/Person | <input type="checkbox"/> \$80/Person |
| <input type="checkbox"/> Non-member Rate | <input type="checkbox"/> \$80/Person | <input type="checkbox"/> \$100/Person |
| <input type="checkbox"/> Become an ARMA/ARMA Chicago Member the day of the Seminar* | | <input type="checkbox"/> Included |
| <input type="checkbox"/> Post Seminar Wine and Cheese Reception | | <input type="checkbox"/> \$10/Person |

Subtotal _____

SECOND REGISTRANT

Name: *(as it will appear on badge)* _____

Phone: _____ Fax: _____

Email Address: _____

- | | Half Day
(Lunch NOT included) | Full Day |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> ARMA and NAID Member Rate: | <input type="checkbox"/> \$50/Person | <input type="checkbox"/> \$80/Person |
| <input type="checkbox"/> Non-member Rate | <input type="checkbox"/> \$80/Person | <input type="checkbox"/> \$100/Person |
| <input type="checkbox"/> Become an ARMA/ARMA Chicago Member the day of the Seminar* | | <input type="checkbox"/> Included |
| <input type="checkbox"/> Post Seminar Wine and Cheese Reception | | <input type="checkbox"/> \$10/Person |

Subtotal _____

*New members only. Payment is due on the day of the Seminar. \$175 to join ARMA International and \$50 to join ARMA Chicago.
Must become member of both ARMA International and ARMA Chicago.

Do NOT provide the names or contact information for any of the registrants on this form.

PAYMENT INFORMATION

Total Payment _____

Enclosed Check Number: _____ *(Payable to ARMA Chicago)*

Will pay by cash/check at the door *(No-shows will be invoiced after the Seminar)*

Send invoice to: _____

Form must be received by March 1, 2011 or on-site registration is required.

On-site registration will incur an additional fee of \$10.

REMITTANCE INFORMATION: Scan and email completed form to armaadmin@armachicago.org or

Mail to: ARMA Chicago Chapter, P.O. Box 6034, Buffalo Grove, IL 60089-6034

QUESTIONS?: E-mail armaadmin@armachicago.org

Cancellation Policy: Before March 1, 2011: 100% refund - After March 1, 2011: No refund

Cancellations must emailed to armaadmin@armachicago.org